

O I P E

## PART B - FEE(S) TRANSMITTAL

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AUG 23 2007

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51947 7590 07/02/2007

**PATENT DEPT**  
**INTUITIVE SURGICAL, INC**  
**1266 KIFER RD**  
**BUILDING 101**

08/24/2007 PRETERIE 00000000 003404 10795963

01 FC:2501 700.00 DA  
 02 FC:1504 300.00 DA  
 03 IC:8001 6.00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/795,963 03/07/2004

David Gero

017516-001520US

8624

TITLE OF INVENTION: STEREO IMAGING SYSTEM AND METHOD FOR USE IN TELEROBOTIC SYSTEMS

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

B. W. COOK	(Depositor's name)
<i>B. Cook</i>	(Signature)
8/23/07	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/02/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
REKSTAD, ERICK J	2621	348-045000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1 _____  2 _____  3 _____

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

INTUITIVE SURGICAL, INC

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SUNNYVALE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 2

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 68444 (enclose an extra copy of this form).

## 5. Change In Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Frank NguyenDate 08/21/07Typed or printed name FRANK NGUYENRegistration No. 89780

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